

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3	1						
4	1						
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49							
50							
TOTAL IND.	6						
TOTAL DEP.	9						
TOTAL CLAIMS	15						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY